CHURCH OF THE SAVIOR (LUTHERAN) Church of the Savior Nursery School 643 Forest Avenue – Paramus, NJ 07652 201-261-0420 Phone

ENTRANCE QUESTIONNAIRE

Child's Name:		Date of Birth:	
Full Address:		Phone/Cell:	
Is the father or mother a stepparent?		Is child adopted? If yes, does the child know?	
Name and ages of sibli	ings	•	
Father's occupation		Mother's occupation	
If both parents work o	utside the home, who take	es care of the child during t	he day?
If the child has attende	ed other schools, please lis	t name of school and years	attended.
School Name	Address	Years	
Does the child have:	Nervous habits	_ Temper tantrums _ Visual problems _ Disturbed sleep	_
	nicate verbally? reacts with other childrer		
Exceptionally shy or timid?			
What is her/her reaction	on to (unfamiliar) adults?_		
How does the child rea	act in stressful situations?		

-OVER-				
Can the child amuse him/her self?	How?			
Favorite pastimes?	Favorite toy(s):			
What experience has the child had with crea	ative materials?			
	Does child "read" to self?			
What academic interests does the child exhi	ibit?			
Favorite TV programs				
How is child disciplined at home?				
How does the child react to discipline?				
Is the family familiar with our program of Ch	nristian emphasis?			
Where would the parents rank this emphasi Most important Permissible	·			
What do the parents consider the chief reas	on for enrolling the child?			
How did you find out about our school?				
Would either parent be interested in being a	a class parent:			
-				
Our National Church body requests certain statistic Please assist us by checking the appropriate one. Ethnic background of family and/or child:	s on enrollments.			
American Indian African American Asian	Spanish-American Caucasian Other			
In addition to English, are any other languages used	in the home?			